



# TEE Tournament

TRAINING · EXPOSURE · EXPERIENCE

## 2008 TEE TOURNAMENT PARTICIPANT'S COMPANION REGISTRATION FORM (FRIEND/FAMILY)

PARTICIPANT'S NAME (Please Print): \_\_\_\_\_

### COMPANION INFORMATION:

1. Name: \_\_\_\_\_  
( Last ) ( First ) ( Middle initial ) ( Nickname ) ( Relationship )

2. Address: \_\_\_\_\_  
( Street ) ( City & State ) ( Zip ) ( County )

3. Work phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Home phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

4. In case of emergency contact: \_\_\_\_\_  
( Name ) ( Relationship )

\_\_\_\_\_  
(Work Phone Number)

\_\_\_\_\_  
(Home Phone Number)

5. COMPANION MEALS: TOTAL  
\_\_\_\_\_ Adult Meal Ticket @ \$50.00 \_\_\_\_\_

6. COMPANION LODGING: At Holiday Inn/Hampton Inn, Coralville, Iowa  
\_\_\_\_\_ # Nights, if sharing a room with a participant at \$35.00 \_\_\_\_\_  
per night, per room.

7. Participant Registration Fee (\$75.00) \_\_\_\_\_ \$75.00

TOTAL AMOUNT: \_\_\_\_\_

8. Please return this Registration Form with your check/money order for the appropriate fees (DO NOT SEND CASH). Make checks payable to the VAMC TEE Tournament. Mail to:

**MR. KIRT SICKELS (00B)  
VA MEDICAL CENTER  
601 HIGHWAY 6 WEST  
IOWA CITY, IOWA 52246-2208**